**Instructions for testing vaccination status of students who are carrying out their practical work in health-care institutions**

In accordance with the Rules on the vaccination and chemoprophylactic programme, vaccination in Slovenia is obligatory for all elementary-school pupils, secondary-school pupils and students against measles, mumps, rubella, hepatitis B, diphtheria, tetanus and whooping cough.

Prior to carrying out the practical courses in a health-care institution it is necessary to check if a student has the following vaccinations (written proof):

- 2 doses of vaccination against measles, mumps and rubella

- 3 doses of vaccination against hepatitis B

- at least 1 dose of vaccination against whooping cough (in case a student will carry out his or her practical work at the departments with most vulnerable groups such as newborns, premature infants, babies).

- for practical work at the clinics we strongly advise students to be vaccinated against COVID-19; we reserve the right to refuse the candidates who are not.

**The certificate of vaccination must be sent the to the Faculty of Medicine** (milena.oroz@um.si ) **prior to the applicant's arrival to Maribor (at least 10 days before arrival). It should not be issued later than one month before the beggining of the exchange.**

**CERTIFICATE OF VACCINATION**

Name and Surname:

Student of (name of medical school)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A.

|  |  |  |
| --- | --- | --- |
|  | Vaccination | Completed |
| 1. | 2 doses of vaccination against measles, mumps and rubella |  |
| 2. | 3 doses of vaccination against hepatitis B |  |
| 3. | at least 1 dose of vaccination against whooping cough |  |

B.

Vaccinated against COVID-19:

 Yes - 1 2 3 doses of vaccine

 No

Other:

Signatory (general practitioner or school doctor)

Place and date:

Stamp: